Approved, SCAO OSM CODE: CLC/WOA

STATE OF MICHIGAN

FILE NO.	
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WAIVER OF ATTENDANCE			
CERTIFICATE OF LEGAL COUNSEL			
as legal counsel for the a	bove named individua	ıl.	
2. A hearing on the petition for admission has been set for			m.
		urs before the time set f	
	Signature of attorney		Bar no.
	Attorney name (type or pr	rint)	
	Address		
	City, state, zip		Telephone no.
WAIVER OF A	TTENDANCE		
he hearing on the petition	for admission set for	the date stated above b	ut waive that right.
	Signature of above name	d individual	
Witness:	Signature of legal counce	1	
	Signature of legal courise	1	
Do not write helew th	is line. For court use an	Nv.	
	CERTIFICATE OF as legal counsel for the a ion has been set for Date and consulted with the in WAIVER OF A the hearing on the petition Witness:	CERTIFICATE OF LEGAL COUNSEL as legal counsel for the above named individual ion has been set for Date and consulted with the individual at least 24 ho Signature of attorney Attorney name (type or private) Address City, state, zip WAIVER OF ATTENDANCE the hearing on the petition for admission set for Signature of above name Witness: Signature of legal counse	CERTIFICATE OF LEGAL COUNSEL as legal counsel for the above named individual. ion has been set for Date and consulted with the individual at least 24 hours before the time set for attorney Attorney name (type or print) Address City, state, zip WAIVER OF ATTENDANCE the hearing on the petition for admission set for the date stated above by Signature of above named individual